

**PARENTING TIME PROTOCOL**  
**Hall County**  
**Adopted by Protocol Committee, June 2009**

PURPOSE OF PARENTING TIME: TO REINFORCE THE ATTACHMENTS BETWEEN PARENT AND CHILD, AND TO PROMOTE TIMELY REUNIFICATION

1. **INITIAL ICEBREAKER:** When children are removed, a relative or person known to the child will try to be located for placement. If relative placement is not available, the family and foster parent meet at the office to have an “ice breaker”. The biological family will be able to let the foster family know all the information about their children.
2. **INITIAL VISIT:** A first visit between parent and child will happen within 72 hours of removal.
  - DHHS worker has the responsibility to ensure this happens. If provider not able to make the visit happen, DHHS will assist to have visits happen possibly in the DHHS office.
3. **VISITS SHALL BE:**
  - As unrestricted as possible, based on safety (see Levels of Supervision, below #8)
  - Progressive (see Appendix A)
  - Developmentally appropriate (see Appendix B)
  - Culturally appropriate
  - In consideration of other factors such as addicted parents (see Appendix C) and domestic violence
4. **DOCUMENTATION:** The purpose of documenting visits is, in part, to be able to assess how the parent is progressing in working on the identified issues, and on the likelihood of reunification.
  - Documentation will be provided by the provider.
  - Case managers will be responsible for ensuring proper documentation by the provider
  - Documentation shall include:
    - Description of parenting issues presented in the initial stages of the case
    - Demonstration of appropriate parenting skills during the visit
    - Assessment of the parent’s improvement in addressing the identified issues
    - Assessment of the likelihood of reunification, and expected date, based on improvements documented
5. **ONGOING ASSESSMENT:** Visits will need to be assessed on a monthly basis. This can either be in person, by phone, or through emails.
  - Ongoing assessments will determine when to transition visits to a less restricted alternative
6. **SAFETY:** If there are safety concerns that are unable to be managed in a supervised setting, they will need to be addressed immediately to see if the visitation can continue.
7. **ROLES AND RESPONSIBILITIES** of all parties involved with the children will be explained. See Appendix D. This material will be shared with everyone. This will help all parties make sure the child’s best interests are met at all times.
8. **LEVELS OF SUPERVISION** – A continuum to ensure safety while allowing the most normal family interactions possible
  - **Therapeutic:** Role modeling, therapy, and teaching occurs to improve the parenting skills or parent-child relationships. Conducted by trained mental health professional.

- **Supervised:** Parent and child are in sight and sound distance of objective person who can ensure the safety of the child and ensure that the visit plan is followed. The family is not allowed “alone” time unless specifically approved. Trained person is responsible to supervise the visit.
  - **Observed/Monitored:** Objective party who maintains some level of contact during the visit to ensure visit plan is followed. This level of observation will vary depending on the plan. In the lowest level, the visit can occur in a public setting without a designated observer: school events, child’s sports, or other activities, medical appointments, parks, restaurants, pro sport games, etc.
  - **Unsupervised:** Parent and child allowed time alone from one hour to overnight. Child and family have resources available during visit to call for help. A clear safety plan has been developed and is known by all parties.
9. If siblings are separated, visits between the siblings will need to happen on a regular basis.
10. Training on the protocol will be provided to case managers, attorneys, GALs, services providers, and any other party involved.

**Sources:**

- Hess, Peg McCartt and Kathleen Ohman Proch. Family Visiting in Out-of-Home Care: A Guide to Practice. Washington: Child Welfare League of America, 1988.
- Wright, Lois E. and Cynthia B. Seymour. Working with Children and Families Separated by Incarceration: A Handbook for Child Welfare Agencies. Washington: Child Welfare League of America, 2000.
- Rycus, Judith S., Ronald C. Hughes, and Norma Ginther. “Core 104 Separation and Placement in Child Protective Services: A Training Curriculum.” Columbus: Institute for Human Services; Washington: Child Welfare League of America, 1988.
- Wright, Lois E. Toolbox No. 1: Using Visitation to Support Permanency. Washington, DC: Child Welfare League of America, 2001.

## APPENDIX A

### Progression of Visits\*

The visitation plan should be guided by careful and ongoing assessment of the parent's ability to safely care for and appropriately interact with the child. The plan may require the parent to meet conditions related to visits (for example, to refrain from a behavior that contributed to the child's removal). If the parent does not comply, it is appropriate to impose restrictions (such as increased level of supervision) to protect the safety and well-being of the child. However, visits should never be used as a reward or punishment. Increased or reduced visitation should be a direct consequence of reduced or increased danger to the child and not linked to some other measure (such as engagement in other court-ordered services or drug test results).

Visitation planning is an ongoing process that should correspond to the child's placement phase in the child welfare system. Although the underlying goal of visitation (to preserve and enhance the parent-child relationship while providing for the safety and well-being of the child) remains the same through all phases, each phase emphasizes different purposes and uses different visitation arrangements.

1. Initial Phase. This phase focuses on maintaining ties between parent and child, assessing the parent's capacity to care for her child, and goal planning. To ensure the child is safe and appropriately cared for, visits are generally supervised and controlled for location and length. This phase generally lasts from four-to-eight weeks, but the length varies from family to family.

If, after the initial visitation phase, the caseworker and other professionals working with the family continue to have concerns about moving to less supervision, it may be time to reconsider whether reunification is an appropriate goal for the child. If the court changes the permanency plan to adoption, the visitation plan might call for a gradual decrease in visits and a focus on grief work rather than parenting skills.

2. Intermediate Phase. During this phase, the parent is working to meet his or her case goals, and visitation activities allow the parent to learn and practice new skills and behaviors. Visits typically occur more frequently, for longer periods, in a greater variety of settings, and with gradually reduced supervision as the parent assumes more and more responsibility for the child.
3. Transition Phase. This phase focuses on smoothing the transition from placement to home and determining what services are required to support the child's needs and the parent's ability to meet those needs following reunification. Visits should provide maximum opportunities for parent-child interaction. After the child leaves the foster parent's care, it is important to arrange visits between the child and foster parent, recognizing the value of that relationship to the child.

Visits should be long enough to promote parent-child attachment. The length of visits should gradually increase as the parent shows she is able to respond to her child's cues in consistent and nurturing ways, soothe her child, and attend to her child's needs. During the initial phase, limiting visits to one-to-two hours allows the parent to experience small successes without becoming overwhelmed. By the transition phase, as the family approaches reunification, unsupervised all-day, overnight, and weekend visits should be completed.

\*Smariga, Margaret, *Visitation with Infants and Toddlers in Foster Care: What Judges and Attorneys Need to Know*, ABA and Zero to Three Practice and Policy Brief, July 2007

## APPENDIX B

### Recommended best practice standards based on the child's developmental age

- ❖ The following recommendations are based ONLY on the child's developmental age. Additional information based on the type of maltreatment, how long the child has been in care, the family culture, and factors such as addiction or domestic violence would also have to be considered in making the final decision regarding the visit plan.
- ❖ The recommendations are based on normal child development for children. Many children in care have developmental delays that may impact their true developmental age.

#### Infants - 0 to 18 months

<b>PRIMARY PURPOSE</b> Meet infant's developmental needs and maintain connections to people that are important in the child's life.
<b>FREQUENCY AND LENGTH OF VISIT</b> <ul style="list-style-type: none"><li>❖ 2 to 5 per week face to face with all parents or people who have acted in parenting role.</li><li>❖ Daily would be optimal if possible.</li><li>❖ Minimize number of days between visits.</li><li>❖ Consistency in schedule is important.</li><li>❖ Once or more a week with any siblings the infant does not live with</li><li>❖ 60 minutes minimum to begin and lengthen as visits are successful</li><li>❖ Coordination between the caregiver and parent to keep the child on the same eating and sleeping schedule during the visit.</li><li>❖ Contact activities when frequent face to face is not possible: pictures, parent's voice recorded, video of parent, clothing items from parent with their scent, etc.</li></ul>
<b>LOCATION</b> <ul style="list-style-type: none"><li>❖ Preferred: Parents' home or homelike environment the infant is familiar with such as caregiver's or relative's home</li><li>❖ The location should allow for the parents to provide normal infant care</li><li>❖ Other locations that contacts can occur include doctor appointments, at the child care location if the infant is attending one, family events, religious activities, etc.</li></ul>
<b>ACTIVITIES</b> <ul style="list-style-type: none"><li>❖ Parent and child allowed to and/or provided instruction on activities that encourage attachment; i.e. parent meets child's needs; diapering, eating, sleeping, playing, etc.</li><li>❖ Play on floor or at eye level</li><li>❖ Music, read book, talk to baby, play baby games such as peek a boo</li><li>❖ Holding, comforting and touching the infant and allowing the infant to touch others.</li><li>❖ Any activity related to the abuse and neglect would not be on the list of approved activities until the parent has learned new skills or is being taught those skills during the visit. Example in a physical abuse case where discipline became abuse the parent would not be doing activities that require the parent to discipline the child until the parent has learn new discipline methods or the visit is being supervised by someone teaching those skills.</li></ul>
<b>SUPERVISION</b> <ul style="list-style-type: none"><li>❖ Due to the infant's inability to communication and self protection the level of supervision should be kept at a higher than same maltreatment of older children.</li><li>❖ Have adult who the infant feels safe with (could be foster parent or a relative) help with all transitions.</li><li>❖ Limit the number of different people involved in transporting, supervising, handling the infant.</li><li>❖ Use consistent people.</li></ul>
<b>WHO ATTENDS</b> <ul style="list-style-type: none"><li>❖ Birth parents and siblings together and/or separately</li><li>❖ Be sure the infant also has visits or contact with other people with whom the child already has developed an attachment (grandparents, relatives, etc.)</li></ul>
<b>WHAT TO HAVE AT VISITS/RESPONSIBILITIES</b> <ul style="list-style-type: none"><li>❖ Bring food – be sure caregiver keeps the infant on same formula or food as birth parent had the child prior to placement. Only change if the food was not adequate to meet the infant's nutritional needs. Coordinate the changing diet or schedule of the infant.</li><li>❖ Bring diapers and extra clothes. Encourage the caregiver to dress the infant in clothes the parent purchased.</li><li>❖ Have items that calms baby; blanket, pacifier, toy should be brought to the visit.</li><li>❖ Encourage parents to bring toys, books and other items that would be normal in their family.</li></ul>

## DOCUMENTATION

- ❖ Focus on the parent/child interactions related to attachment and to improving parenting skills related to the maltreatment.
- ❖ Do not make conclusions about attachment without observing multiple visits and the observer has expertise on attachment.
- ❖ Do not assume that an infant showing upset or initial resistance to going to parent indicates fear or poor attachment.

## Toddlers – 18 months to 3 years

### PRIMARY PURPOSE

Meet toddler's developmental needs and maintain connections to people that are important in the child's life.

### FREQUENCY AND LENGTH OF VISIT

- ❖ 2 to 4 per week, face to face with all parents or people who have acted in parenting role.
- ❖ Daily would be optimal if possible.
- ❖ Toddlers should not go too many days between visits. Consistency in schedule is important.
- ❖ Once or more a week with any siblings the toddler does not live within 60 miles. 90 minutes minimum and lengthen as visits are successful
- ❖ Coordinate between the caregiver and parent to keep the child on the same eating and sleeping schedule during the visit.
- ❖ Contact activities when frequent face to face is not possible: pictures, parent's voice recorded, video of parent, clothing item from parent with their scent, toddlers can begin to have phone conversations even though the call may appear to be one sided.

### LOCATION

- ❖ Preferred: Parents' home or homelike environment the toddler is familiar with such as caregiver's or relative's home
- ❖ Be sure location has room for the child to move and play
- ❖ The location should allow for the parents to provide normal infant care such as diaper changes, feeding and napping
- ❖ Other locations that contacts can occur include doctor appointments, at the child care location if the toddler is attending one, playground, family events, religious activities, etc.

### ACTIVITIES

- ❖ Parent and child allowed to and/or provided instruction on activities that encourage attachment; i.e. parent meets child's needs; eating, sleeping, playing, learning, etc.
- ❖ Play at child's physical level and abilities
- ❖ Music, read book, play games, talk to toddler. Games and activities that begin to teach toddler skills, rules and about their world
- ❖ Holding, comforting and touching the toddler and allowing the toddler to touch others, disciplining (teaching rules and boundaries)
- ❖ Parent should be involved in teaching skills such as toilet training, how to eat, how to dress and other toddler developmental skills
- ❖ Any activity related to the abuse and neglect would not be on the list of approved activities until the parent has learned new skills or is being taught those skills during the visit. Example in a physical abuse case where discipline became abusive the parent would not be doing activities that require the parent to discipline the child until the parent has learned new discipline methods or the visit is being supervised by someone teaching those skills.

### SUPERVISION

- ❖ Due to the toddler's limited ability to communication and self protection the level of supervision should be kept at a higher than same situation with older children.
- ❖ Have adult who the toddlers feels safe with (could be foster parent, relative, child care provider) help with all transitions.
- ❖ Limit the number of different people involved in transporting and supervising the toddler, especially during "stranger fear" stage of development

### WHO ATTENDS

- ❖ Birth parents and siblings together and/or separately
- ❖ Be sure the toddler also has visits or contact with other people with whom the child already has developed an attachment (grandparents, relatives, former caregivers, etc.)

### WHAT TO HAVE AT VISITS/RESPONSIBILITIES

- ❖ Bring food – be sure caregiver keeps toddler on same food as birth parent had the child prior to placement. Only change if the food was not adequate to meet the toddler's needs. Coordinate the changing of the toddler's diet or schedule of the toddler.
- ❖ Bring diapers and extra clothes
- ❖ Have items that calms toddler; blanket, pacifier, stuff animal
- ❖ Age appropriate toy should be at to the visit – encourage parents to bring toys, books and other items that would be normal in their family

## DOCUMENTATION

- ❖ Focus on the parent/ child interactions.
- ❖ Do not make conclusions about attachment without observing multiple visits and observer has expertise on attachment.
- ❖ Do not assume that a child showing upset or initial resistance to going to parent indicates fear or poor attachment.

## Pre-schoolers - 3 to 5 years

### PRIMARY PURPOSE

Meet Pre-schoolers developmental needs and maintain connections to people that are important in the child's life.

### FREQUENCY AND LENGTH OF VISIT

- ❖ 2 to 4 per week, face to face with all parents or people who have acted in parenting role.
- ❖ Daily would be optimal if possible.
- ❖ These children should not go more than a week between visits.
- ❖ Consistency in schedule is important.
- ❖ Once or more a week with any siblings the child does not live with 60 miles. 120 minutes minimum and lengthen as visits are successful
- ❖ Coordinate between the caregiver and parent to keep the child on the same eating and sleeping schedule during the visit.
- ❖ Contact activities when frequent face to face is not possible: pictures, parent's voice recorded, video of parent, clothing item from parent with their scent, pre-schoolers can begin to have phone conversations even though they may appear to be one sided, have child call at night to say good night or even have parents read a night time story,

### LOCATION

- ❖ Preferred: Parents' home or homelike environment the child is familiar with such as caregiver's or relative's home
- ❖ Be sure location has room for the child to move and play,
- ❖ The location should allow for the parents to provide normal pre-schooler activities such as eating, dressing, playing, etc.
- ❖ Other locations that contacts can occur include doctor appointments, at the child care location if the pre-schooler is attending one, playground, family events, religious activities, etc.
- ❖ Some pre-schoolers begin to have friends and will want contact with them such as playing at each others house, going to birth day parties, etc.

### ACTIVITIES

- ❖ Parent and child allowed to and/or provided instruction on activities that encourage attachment; i.e. parent meets child's needs; holding, comforting and the pre-schooler, eating together, etc.
- ❖ Music, read book, playing games, telling stories, sharing what has happened since their last visit
- ❖ Games and activities that begin to teach pre-schooler skills, rules and about their world, learn self care such as dressing, bathing, etc.
- ❖ Teaching how to do chores such as picking up toys, setting the table, religious activities such as saying prayers, etc.
- ❖ Any activity related to the abuse and neglect would not be on the list of approved activities until the parent has learned new skills or is being taught those skills during the visit. Example in a physical abuse case where discipline became abuse the parent would not be doing activities that require the parent to discipline the child until the parent has learn new discipline methods or the visit is being supervised by someone teaching those skills.

### SUPERVISION

- ❖ Assess the pre-schooler's ability to communication and self protection. Depending on his/her skills the level of supervision may be lowered when it is clear that the child can communicate problems if left alone for any period of time
- ❖ Have adult who the pre-schooler feels safe with (could be foster parent, relative, child care provider) help with all transitions and check with the child after any alone time
- ❖ Have consistent people involved in transporting and supervising the child

### WHO ATTENDS

- ❖ Birth parents & siblings together or separate
- ❖ Be sure the pre-schooler also has visits or contact with other people with whom the child already has developed an attachment (grandparents, relatives, former caregivers, teachers, etc.)

### WHAT TO HAVE AT VISITS/RESPONSIBILITIES

- ❖ Bring food – as the pre-schooler is likely to need to eat during a visit.
- ❖ Allow the parent to provide food that is normal for that family. Only if the food would be immediately detrimental and/or the child was placed in care because of inadequate food should there be controls on the food. Example: Expecting parents to bring carrot sticks for snacks is not reasonable if the family does not normally consider this a snack food.
- ❖ Have items that calms pre-schooler; blanket, stuff animal, balls, games, etc.
- ❖ Age appropriate toy should be at to the visit – encourage parents to bring toys, books and other items that would be normal in their family

## DOCUMENTATION

- ❖ Focus on the parent/child interactions.
- ❖ Do not make conclusions about attachment without observing multiple visits and observer has expertise on attachment.
- ❖ Do not assume that a child showing upset or initial resistance to going to parent indicates fear or poor attachment.

## School Age - 6 to 11 years

### PRIMARY PURPOSE

Meet School age child's developmental needs and maintain connections to people that are important in the child's life.

### FREQUENCY AND LENGTH OF VISIT

- ❖ 1 to 2 per week, face to face with all parents or people who have acted in parenting role.
- ❖ More frequently if possible.
- ❖ Consistency is good but as child of this age is able to understand time and other issues s/he can tolerate some changes. Use calendars and other methods for the child to understand the schedule.
- ❖ Once or more a week with any siblings the child does not live within 60 miles. 120 minutes minimum and lengthen as visits are successful
- ❖ Contact activities when frequent face to face is not possible: phone calls, pictures, parent's voice recorded, video of parent, have child call at night to say good night or talk about the day events, email and other computer based contact such as live video contact.
- ❖ Whenever possible do not take a child out of school to have visits. Also consider what after-school activities the child has when scheduling.

### LOCATION

- ❖ Preferred: Parents' home or homelike environment such as caregiver's or relative's home
- ❖ Be sure location has room for the child to play or do household/family activities.
- ❖ The location should allow for the parents to provide normal school age activities such as eating, playing, homework, household jobs, sports, etc.
- ❖ Other locations that contacts can occur include doctor appointments, at the child's school, sports, scouting or other similar groups, therapist appointment, playground, family events, religious activities, going shopping, hair cuts, going to a restaurant, etc.
- ❖ School age children will have friends and will want contact with them such as playing at each others house, going to birthday parties, etc. These can also be a time for parents to be involved and have contact with their child.

### ACTIVITIES

- ❖ Parent and child allowed to and/or provided instruction on activities that encourage attachment; i.e. homework, household jobs, learning self care, eating together, planning the next visit, sharing what has happened since their last visit, listening to music together, etc.
- ❖ Making life story books, doing hobbies or crafts together, sharing of family traditions, preparation for holidays
- ❖ Discussing friends, school, learning about the world, morals, values, religion
- ❖ Playing games, sports, attending events such as sports, concerts, arts, cultural events, community events, being in involved together in things like scouting or clubs, etc.
- ❖ Teaching how to do chores such as cleaning the house, working in the yard, doing laundry, cooking, religious activities such as attending religious education classes or services, etc.
- ❖ Parent may be involved in teaching skills such as choosing clothes, hair styles, going shopping, etc.
- ❖ Any activity related to the abuse and neglect would not be on the list of approved activities until the parent has learned new skills or is being taught those skills during the visit. Example in a physical abuse case where discipline became abusive the parent would not be doing activities that require the parent to discipline the child until the parent has learn new discipline methods or the visit is being supervised by someone teaching those skills.

### SUPERVISION

- ❖ Assess the child's ability to communication and self protection. Depending on his/her skills the level of supervision may be lowered when it is clear that the child can communicate problems if left alone for any period of time
- ❖ Have adult who the child's feels safe with (could be foster parent, relative, teacher, coach) help with all transitions.
- ❖ Have a safety signal for child to use to secretly have alone time with supervisor of the visits and voice a fear of concern so the supervisor/monitor of the visit can intervene if needed.

### WHO ATTENDS

- ❖ Birth parents & siblings together and/or separately
- ❖ Be sure the child's also has visits or contact with other people with whom the child already has developed an attachment (grandparents, relatives, friends, etc.)
- ❖ If the child has been in other placements visits or contacts with the former caregiver and family may be appropriate
- ❖ As visits progress include school friends in some visits so the parents learn about their child's friends and practices supervising this type of play

#### WHAT TO HAVE AT VISITS/RESPONSIBILITIES

- ❖ Bring food for longer visits or when the visit occurs during a meal time.
- ❖ Allow the parent to provide food that is normal for that family. Only if the food would be immediately detrimental and/or the child was placed in care because of inadequate food should there be controls on the food. Example: Expecting parents to bring carrot sticks for snacks is not reasonable if the family does not normally consider this a snack food.
- ❖ Have items that calms or helps the school age child handle stress. stuff animal, balls, games, video games, music, homework, school reports, etc. Allow child to bring these items
- ❖ Age appropriate toys should be at to the visit – encourage parents to bring toys, books, music and other items that would be normal in their family

#### DOCUMENTATION

- ❖ Focus on the parent/child interactions.
- ❖ Do not make conclusions about attachment without observing multiple visits and observer has expertise on attachment.

### Adolescents – 13 to 18 years

#### PRIMARY PURPOSE

Meet youth's developmental needs and maintain connections to people that are important in the child's life.

#### FREQUENCY AND LENGTH OF VISIT

- ❖ 1 to 2 per week, face to face with all parents or people who have acted in parenting role.
- ❖ More frequently if possible.
- ❖ Involve the youth in develop visit plans.
- ❖ Consistency is good but the youth are able to understand time and other issues s/he can tolerate changes. Use calendars and other methods for the teen to understand the schedule.
- ❖ Once or more a week with any siblings the youth does not live within 60 miles. 120 minutes minimum and lengthen as visits are successful.
- ❖ Contact activities when frequent face to face is not possible: phone calls, pictures, parent's voice recorded, video of parent, have child call at night to talk about the day events, email and other computer based contact such as live video contact.
- ❖ Whenever possible do not take youth out of school to have visits. Also consider what after school-activities the youth has when scheduling.

#### LOCATION

- ❖ Preferred: Parents' home or homelike environment such as caregiver's or relative's home, community location
- ❖ The location should allow for the parent to engage the youth in normal activities such as eating, playing, homework, household jobs, sports, etc.
- ❖ Other locations that contacts can occur include doctor appointments, at the youth's school, sports, scouting or other similar groups, therapist appointment, playground, family events, religious activities, going shopping, hair cuts, going to a restaurant, etc.
- ❖ Youth will have friends (including boyfriends and girlfriends) and will want contact with them such as having the birth parents meet their friends or going to activities that include the other youth such as school, sports or other events. These can also be a time for parents to be involved and have contact with their child.

#### ACTIVITIES

- ❖ Normal youth and parents seldom spend 60 minutes or more alone. Be sure to plan activities that will encourage normal parent/youth interactions.
- ❖ Parent and child allowed to and/or provided instruction on activities that encourage attachment; i.e. homework, household jobs, learning self care, planning the next visit, sharing what has happened since their last visit, listening to music together, watching TV or movie together *and* discussing what they watched. etc.
- ❖ Making life story books, doing hobbies or crafts together, sharing of family traditions, preparation for holidays
- ❖ Discussing friends, school, learning about the world, morals, values, religion.
- ❖ Playing games, sports, attending events such as sports, concerts, arts, cultural events, community events, being in involved together in things like scouting or clubs, etc.
- ❖ Teaching how to do chores such as cleaning the house, working in the yard, doing laundry, cooking, religious activities such as attending religious education classes or services, etc.
- ❖ Parent may be involved in teaching skills such as choosing clothes, hair styles, going shopping, etc.
- ❖ Any activity related to the abuse and neglect would not be on the list of approved activities until the parent has learned new skills or is being taught those skills during the visit. Example in a physical abuse case where discipline became abuse the parent would not be doing activities that require the parent to discipline the child until the parent has learn new discipline methods or the visit is being supervised by someone teaching those skills.

#### SUPERVISION

- ❖ Usually a youth is able to communicate and self protect. This allows the level of supervision to be decreased more quickly.
- ❖ Have a safety signal for teens to secretly ask for time with the supervisor of the visit so s/he can voice a fear or concern.

#### WHO ATTENDS

- ❖ Birth parents & siblings together or separate
- ❖ Be sure the child's also has visits or contact with other people with whom the youth already has developed an attachment (grandparents, relatives, friends, etc.)
- ❖ If the youth has been in other placements visits or contacts with the former caregiver and family may be appropriate
- ❖ As the visits progress friends can be included in some visits so the parents learn about their youth's friends

#### WHAT TO HAVE AT VISITS/RESPONSIBILITIES

- ❖ Bring food for longer visits or when the visit occurs during a meal time.
- ❖ Allow the parent to provide food that is normal for their family. Or have the youth and parent plan what food will be brought to the visit.
- ❖ Have items that calms or helps the youth handle stress; balls, games, video games, music, school work, art projects, etc. Allow youth to select items to bring

#### DOCUMENTATION

- ❖ Focus on the parent/youth interactions.
- ❖ Do not make conclusions about attachment without observing multiple visits and have expertise.
- ❖ Do not assume that a youth who does not want to spend time with his/her parents is showing signs of attachment problems. It is normal adolescent development for a youth to want to limit or control contact with parents,

## APPENDIX C

### Parenting Time Timeline for Substance Abusing Parents

#### 0-5 days from Removal:

- ❖ Arrange 2 months of Supervised Visits consistent with developmental age of child.
- ❖ Request parents arrange Drug and Alcohol Evaluation.

#### 0-30 days Pre-adjudication Conference:

- ❖ Evaluate visitation arrangements
- ❖ Develop and document expectations with parents of visits/parenting time.
- ❖ Define progress vs lack of progress to the parents
- ❖ Explain consequences of parental actions or lack thereof
- ❖ Evaluate follow through on completing evaluation and consistency in attending parenting time sober and consider an increase in the amount of parenting time

#### 60 Days:

- ❖ Team Meeting held to evaluate progress, including completion of evaluation and entry into treatment
- ❖ Re-assess expectations
- ❖ Evaluate parenting time schedule and adjust according to progress

#### 90 Days:

- ❖ Team Meeting held to evaluate progress, including following recommendations in treatment
- ❖ Re-assess expectations
- ❖ Evaluate parenting time schedule and adjust according to progress

#### 180 Days:

- ❖ Evaluate Progress and timeframes toward reunification
  - If no progress being made case be referred to LB1184 Team for review of permanency objective including possible referral for TPR.

## APPENDIX D

### ROLES AND RESPONSIBILITIES OF THE PARTIES

	<b>BEFORE</b>	<b>DURING</b>	<b>AFTER</b>
<b>CHILD'S PARENT(S)</b>	<ul style="list-style-type: none"> <li>• Ask about any rules/expectations s/he does not understand. Follow all the rules.</li> <li>• Find items to bring.</li> <li>• Arrange transportation.</li> <li>• Call as soon as possible if visit must be cancelled or you will be late.</li> <li>• Ask for help on how to handle your and the child's emotions that commonly occur during visits.</li> </ul>	<ul style="list-style-type: none"> <li>• Follow the visit rules. Come prepared. Come on time. Bring required items for visit and nothing else. Do not bring other people without permission.</li> <li>• Give child 100% of your attention.</li> <li>• No drugs or alcohol use at visit and do not come to visit intoxicated.</li> <li>• If you are having a mental health crisis ask for visit to be postponed.</li> </ul>	<ul style="list-style-type: none"> <li>• Listen for feedback and ask questions about how to improve.</li> <li>• State concerns to SW.</li> <li>• Provide suggestions for next visit.</li> <li>• Take care of yourself – visits are hard emotionally.</li> <li>• Talk to a friend, SW, or therapist to debrief visit.</li> </ul>
<b>CASE WORKER - person responsible to develop visit plan</b>	<ul style="list-style-type: none"> <li>• Place child in a home that is close and will support visits and family connections.</li> <li>• Place sibling together or ensure they have frequent visits.</li> <li>• Provide everyone with written visit plan.</li> <li>• Tell <b>parent(s)</b> of expectations and rules.</li> <li>• Help parent(s) prepare what to say to child, what to bring, what activities are allowed/expected. Do not expect that parent(s) knows how to perform parenting tasks and assume parent(s) will feel "unnatural" during visit – PREPARE the parent(s) to succeed.</li> <li>• Explain to <b>child</b> purpose of visit, safety rules, how long it will last, and returning to caregiver following visit. Practice what s/he may want to say to parent(s)</li> <li>• Arrange transportation and location.</li> <li>• Do not use visits as a reward or punishment.</li> </ul>	<ul style="list-style-type: none"> <li>• See Supervisor of visit responsibilities if you are also doing that task</li> <li>• Make visits a high caseload priority so that they occur.</li> </ul>	<ul style="list-style-type: none"> <li>• Apply sanctions to parents who break rules. Do not use visits as rewards or punishment.</li> <li>• Give the child's parent(s) feedback on their interactions, behaviors, parenting skills or other issues. Communicate in a strength-based manner.</li> <li>• Use <i>Progressive Visit Planning</i> to increase or decrease an item in the visit in order to meet the child's needs and to determine parenting skills.</li> <li>• Call and check with child and/or caregiver to see how the child is reacting to visits</li> <li>• Ask everyone about how to improve the visits</li> </ul>
<b>CHILD'S OUT-OF-HOME CAREGIVER</b>	<ul style="list-style-type: none"> <li>• Prepare child for visit given the type of visit; talk about visit, how to handle emotions and the safety plan.</li> <li>• Pack clothes, food, medicine, comfort item or other items needed for visit</li> <li>• Say positive things to the child about visit and his or her parents.</li> <li>• Transport child to visit.</li> <li>• Give information to SW and parent about child: anything that might affect the visit, i.e. school, illness, behaviors.</li> <li>• Support contact with siblings and others.</li> <li>• Visits should never be talked about as a reward or punishment for a child's behavior.</li> <li>• Believe that family connections are essential for a child's health development.</li> </ul>	<ul style="list-style-type: none"> <li>• Have the visit in caregiver(s) (your) home.</li> <li>• Model or teach parenting skills to the child's parent.</li> <li>• Supervise or monitor visits – see supervisor of visits for more details</li> <li>• Help with transitions at beginning and the end of visits, especially if the child is emotionally attached to you or the child does not remember the family members who will be at the visit.</li> <li>• Be willing to meet with the child's parent(s) before and after the visit. Avoid "handing off" the child to a third party in order that you not meet the parent(s).</li> </ul>	<ul style="list-style-type: none"> <li>• Transport child back to your home.</li> <li>• Have routine that will comfort child, allow for emotions to be safely expressed.</li> <li>• Discuss "abnormal" reactions the child has to visits with the child's caseworker.</li> <li>• Document visits if you supervised visit or it occurred in your home.</li> <li>• Take care of yourself, the child, and your family - given your emotions.</li> </ul>

<p><b>CHILD/ YOUTH</b></p>	<ul style="list-style-type: none"> <li>• Tell adults what you prefer regarding visits; location, frequency, who attends, activities, safety.</li> <li>• Ask any questions you have about the visits</li> <li>• Tell adults if you are having feelings you cannot handle, are afraid, or need information.</li> </ul>	<ul style="list-style-type: none"> <li>• Have fun.</li> <li>• Be on time.</li> <li>• Follow the rules.</li> <li>• Use your safety plan, ask for help. Ask for visit to end if you feel unsafe.</li> </ul>	<ul style="list-style-type: none"> <li>• Tell adults if you have any questions, feelings, reactions, or concerns about the visit.</li> <li>• Tell adults what you think would make the visits better.</li> </ul>
<p><b>SUPERVISOR OF VISIT</b></p>	<ul style="list-style-type: none"> <li>• Must be willing and able to put child's best interest first.</li> <li>• Given the visit plan, have the skills required to implement the plan; to supervise, model parenting skills, assess, interactions, or observe.</li> <li>• Complete any training required to be a visit supervisor, especially for conducting high level of supervision for violent or unsafe parents.</li> </ul>	<ul style="list-style-type: none"> <li>• End visit if parent violates rules or if child indicates his/her safety is at risk.</li> <li>• Enforce all the rules of the visit (location, activities, people attending).</li> <li>• End visit if parent shows any signs of intoxication, mental illness or abusive behaviors.</li> <li>• Supervised/Observation supervisor: do not talk to others during the visit, do not get involved in activities even if asked, only intervene if safety issues occur.</li> <li>• Modeling/teaching supervisor: do provide direct modeling or teaching of parenting skills as determined by the case plan. Can give advice to parent during the visit.</li> <li>• Therapeutic supervisor: therapy, teaching parenting skills, family counseling, play therapy.</li> <li>• Take notes regarding visit. Send to SW ASAP. May be required to testify in court.</li> <li>• Watch the clock and be sure all 3 phases of a visit occur (saying hello, the activities, saying goodbye).</li> </ul>	<ul style="list-style-type: none"> <li>• If case worker has approved, provide immediate feedback to parent – do this out of hearing of the child.</li> <li>• Document visit and send to appropriate people.</li> <li>• Call social worker or caregiver soon after the visit if there is a special need of the child or parent(s) that should be addressed immediately.</li> <li>• If approved, check with older children, out of hearing from the child's parent(s), as to the child's questions, reactions, or assessment of the visit.</li> </ul>
<p><b>TRANSPORT ER</b></p>	<ul style="list-style-type: none"> <li>• Be on time.</li> <li>• Safe driving and car seats.</li> <li>• Listen to child during the ride.</li> <li>• Provide reassurance.</li> <li>• Report any concerns immediately to social worker.</li> <li>• May be asked to provide information from caregiver to SW or child's parent(s).</li> </ul>	<ul style="list-style-type: none"> <li>• See Supervisor of visit responsibilities if you are also doing that task.</li> </ul>	<ul style="list-style-type: none"> <li>• Be on time.</li> <li>• Safe driving and car seats.</li> <li>• Listen to child during the ride.</li> <li>• Provide reassurance.</li> <li>• Report any concerns immediately to social worker.</li> <li>• May be asked to provide information to caregiver.</li> </ul>